

Aged Care Pandemic Update

Dear All.

Please find attached another document that you may want to consider reading. It has been developed based on the experiences of several staff who are currently working in facilities with Covid19 positive residents.

I have looked at issues under a few broad headings, but I want to reiterate that a facility's reaction to a positive case is the responsibility of **ALL** staff who work in and manage that facility.

New Visitor to Aged Care Guidance is Available here...

<https://www.dhhs.vic.gov.au/visiting-care-facilities-covid-19>

I am awaiting information on the guidelines around testing of asymptomatic staff and whether isolation is required whilst awaiting the result. As soon as I have confirmation from the Department, I will forward this information.

A few important issues to start off with

- Facilities who have not started a **small team approach to staffing** (a small dedicated group of staff that look after the same group of residents), may end up having to isolate and replace 80 to 100% of their staff in the event of a positive case in the facility. Go team based now.
- If possible, consider allocating a team approach to staffing including **Leisure and Lifestyle**.
- Find out who amongst your staff and contractors (think allied health) works across multiple sites and is there something that can be done to limit transmission. If one person one site or avoidance is not possible, appropriate use of PPE, social distancing and hygiene measures must be applied.
- Make sure any person who may require financial support is given access to this via the following method
 - o \$300 payment for individuals who get tested and need to isolate while waiting for their result
 - o \$1500 payment for individuals who isolate for 14 days post a positive Covid19 test.
 - o Further information is available via the **Coronavirus hotline 1800 675 398**
- Stagger staff meal breaks. Remove half the chairs from the staff room and ensure the distancing requirements are adhered to. Make sure social distancing is adhered to in smoking areas (particularly important due to no mask wearing and forced exhalation of breath/ smoke)

Management (including Approved Provider Responsibilities)

- In the event of a positive case, could the Approved Provider consider making the onsite Incident Controller additional to the CCC and Facility Manager. The volume of work including communication with government departments, coordination, procurement is huge. The CCC and Facility Manager can then focus on the residents and representatives, staff education/ supervision, communication with families and onsite clinical support teams (GPs, InReach, Palliative Care and other visiting services). This person may be part of the facility staff,

Approved Provider team/ executive or in some cases (stand alone facilities) you may need to recruit and external consultant/ team.

- Please have floor plans available (printed off and ready to go) for the visiting government response teams, potential staff replacements etc. Plans should show storage locations of PPE, equipment, staff stations, hand washing facilities, etc.
- Make sure you have a list of facility contacts including who to notify in case of a Covid19 positive test which includes after hours contact names and detail, executive contacts, numbers for state and federal departments to be contacted immediately. Attach this to the front of your Outbreak Management Plan and in each nurse's station.
- Print/ develop a list of all current and proposed contractors. In the event of an issue with the catering, cleaning, and kitchen area... what will you do to bring in appropriate contractors? (see below)
- Have your emergency plan ready to go and include hard copy care plans/ summaries, resident ID tags (if you plan to use them), relative contact details, and a "how to" guide for accessing your IT based documentation system including passwords or user IDs for each computer, incident report systems etc. Remember in the event of a complete stand down, you may need to hand over everything to external contractors.

PPE

- PPE is ordered through the national stockpile and you now must complete a form to order. Enquire via the following email address and a form will be emailed back to you to complete. agedcareCOVIDPPE@health.gov.au
- You should continue to attempt to source PPE from your usual suppliers as the National Stockpile is only accessible if there is a positive case. Anecdotally, facilities have reported pallets of PPE being delivered in the event of an outbreak usually within the first week. You will need to have sufficient supplies to manage the first week
 - o gowns, mask, goggles or face shields/ visors. Many facilities have given each staff member their own face shield and a cotton bag for keeping it when not in use. It is to be cleaned before and after use and the bag is clearly labelled.
 - o Estimate your requirements based of masks required for every staff, visitor and contractor each day, full PPE changes required for Covid 19 positive cases (10-12 contact points per positive resident per day. Estimate at least 10 to 20% of your residents may be impacted)
- PPE set up in the event of a Covid19 positive case
 - o Different facilities are doing some slightly different things depending on the location of the positive case and facility layout.
 - o If in a secure area, it may not be appropriate to put a PPE station outside each room (in the corridor). Some residents may want to look through, handle or "borrow" the items. In these situations, a PPE station near the handwashing facilities may be more appropriate (it may even need to be in a cupboard).
 - o Some facilities are placing a trolley with a clear plastic tub containing PPE outside each room for ease of staff access.
 - o Bins for each room need to be considered to receive the doffed PPE. Where there is minimal room for a bin, consider placing the yellow infectious waste rubbish bags on a hook inside the resident's room. If not possible, a bin for infectious waste must be placed outside the room of the Covid19 resident.
 - o Look at workflow and consider having one-way traffic through an area or region. If it can be taped off to prevent visits from other residents, consider this. Clean donning and doffing stations before and after every use. If you have limited handwashing

facilities, consider a mobile hand sanitiser stand outside every positive residents' room.

- Check every 2-4 hours to ensure there is sufficient supply.
- Don't forget the tubs of cleaning wipes (on PPE trolleys, nurses' stations, offices/ desks, next to computers, communal areas etc)
- Nurses stations. Limit number of people in these areas based on the social distancing guidelines. Can you set up temporary nurses' stations in other areas or have mobile computer workstations (don't forget the wipes).

Laundry

- Check the laundry and remove anything extraneous (store unclaimed clothing away from the work areas for the time being).
- Check when your last machine service has occurred.
- Speak to the machine service company and chemical supplier to ensure that chemical or thermal disinfection of resident clothing is occurring. Keep appropriate records of evidence.
- Ensure you have clearly marked clean and dirty area in your laundry. Take the opportunity to go through this with staff. Make sure they have PPE and cleaning wipes in the area.
- In the event of your laundry staff being isolated, do you have additional staff you can call on. If not consider adding the name of an external laundry contractor to your list. (Look up via google)

Cleaning

- Are your cleaning staff in house or external?
- Consider at least twice daily cleans of communal areas and need to keep staff working in one area/ region/ unit rather than working across the whole site if possible.
- In the event of cleaning staff isolation, do you need to employ an external cleaning contractor. Add this name to your external contractor list.
- Ensure your cleaners have sufficient supply of PPE and cleaning equipment. Chance to recheck their infection control practices (colour coded cloths, mops etc) and evidence of cleaning is being documented.
- Are there sufficient supplies of appropriate rubbish/ linen bags etc?
- **It is the responsibility of ALL staff to participate in the cleaning of communal areas, nurses' stations, offices/ desks and particularly resident equipment.**

Kitchen

- Make sure all the usual practices are being adhered to – food safety plan, menu choices/ delivery, temperature testing of food at point of service, temperature testing of fridges and on receipt of food deliveries etc.
- Double check your resident lists including allergies, preferences and diet/ fluid grade and textures. Have these ready to hand over in case of an urgent "stand down".
- List of all suppliers of food and beverage.
- Disposable plates/ cutlery etc.
- Evidence of any machinery servicing care as per your preventative maintenance schedules (temp and chemical testing of dishwashers etc.)
- There are external catering contractors who can prepare food offsite and transport to the facility if required. (email/ call me if you are having trouble finding these details)

Rubbish Removal

- If you have an outbreak, your rubbish removal will need to be increased accordingly. Check with your contractor and see if they will have capacity to support you. Unfortunately, this will cost....

Cohorting, communal and visitor areas

Every facility is doing something different, however here are a few ideas from some facilities.

- Designated visitor lounges
- Each wing/ area has one communal area where social distancing is observed
- Some facilities have returned to meals in their room, others have decreased the number of residents attending dining rooms and implemented social distancing.
- Daily screening of all visitors and supply of masks when onsite or escorting residents to medical appointments (which should be minimised where possible).
- Visiting guidelines as per the recommendations of the state department (DHHS – see link above)
- Some facilities are scheduling appointments for visiting. This way they can monitor visitor and people movement in the facility.
- Restricting of visitors from hot spot zones.
- Ensuring small groups and social distancing in lifestyle activities.
- Development of care teams will see reduced risk of transmission.
- Don't forget technologies to enable resident and family communication.

Be prepared to move residents to cohort all positive cases together. If this occurs, ID tags and room number names may be required as staff less familiar with the residents may need a more robust system to ID residents.

Please note that in some facilities with significant outbreaks there have been some staff that due to personal reasons have refused to work in the facility. We need to respect their decision and continue with our work.

Education on correct donning and doffing of PPE should be done as a practical experience so staff can all try to do this in an educative and supportive environment.

In the event of a Covid19 positive... start contact tracing for your facility immediately. Do not wait for the departments to intervene. Identify potential contacts in staff, areas, resident group and develop a list and begin contacting staff to arrange for testing.

Please make sure you contact both departments of health (federal and state). The sooner you call, the sooner they can respond.

Aged care Covid19 testing is being supplied by Sonic Pathology 1800 570 573.

Clinical Issues re: Covid19

It is important to acknowledge that most of the care of Covid19 positive residents is being provided onsite at the aged care facility.

The following suggestions/ experiences have been identified.

- Your **InReach team** is your best friend. Make sure contact details are clearly accessible in all areas. Also make sure your community palliative care service provider details are available.
- Check with your **GPs** and find out if they are going to be prepared to come into the facility in the event of an outbreak? If not, are they able to do telehealth or if inappropriate call the InReach team?
- Please start doing daily **Covid19 screen of all residents**. Safer Care Victoria have produced a tool, implementation guide, webinar and database. If you have already developed a tool, continue with that. Alternatively you can download the Safer Care Victoria information here <https://www.bettersafecare.vic.gov.au/resources/tools/covid-19-screening-tool-for-residential-aged-care-services>
- Advance Care Directives and Medical Goals of care???? See our website for information on what forms to use and where to get them <https://smrpcc.org.au/consortium-developed-resources/#aged>
- Our website also has some very basic clinical guidelines and other information including impress systems, newsletters etc. <https://smrpcc.org.au/>

Equipment

- Make sure there is a list containing the contact details of the support services and providers you use (InReach, Palliative Care teams), pharmacy, medical consumables, continence aids etc.
- List of all GPs and contact details. Ask GPs if any of them are prepared to physically come to the facility in the event of an outbreak. Be forewarned.
- Make sure your continence aid list is up to date and accessible in case you have a significant outbreak and all staff need to be replaced.
- List of food/ drink preferences and required textures/ thickness to be available (hard copy) in case of staff turnover.
- Care plan summaries in hard copy available for surge staff. Computer access and passwords to be made available for surge staff.
- Oxygen cylinders and regulators. How many do you have and where are they stored? If like most places the maintenance department manages this, and they need to isolate you may have difficulty finding this in an urgent situation. Make sure the name of your supplier is known and available for any surge staff that may come in to support your facility.
- How many oxygen concentrators do you have onsite? Remember in the event of an outbreak the concentrator should only be used by that person OR thoroughly cleaned (including filter) between use.
- Make sure you have sufficient oxygen tubing, masks, and nasal cannula (at least 20 to 30 packs)
- Do you have enough pulse oximeters and no touch digital thermometers...? If not try eBay, Kogan, Amazon. You should have one of each for each section/ unit **at least** and make sure they are cleaned between use.
- Subcutaneous cannula – we recommend the BD Saf T Intima. I would have at least 30 onsite. Needles, syringes etc.
- Minimum volume extension tubing for attaching syringe drivers or volumetric pumps

- Clear occlusive dressings for cannulas
- IV poles – if you have any great. If not, don't worry. You may have overhead monkey bars in your store or basement. Otherwise get a few packs of the Large Heavy-Duty Command Hooks that can be placed on a wall above the bed and removed when not needed. Alternatively a bent wire coat hanger can be used and hung off curtain railing, door handles etc. Not ideal but it works well.

Make sure staff are cleaning lifting machines and slings between use If you are lucky enough have slings in resident rooms so they are not being shared between residents. If this cant be done, thorough cleaning is required.

Every resident who needs it should have their own slide sheet kept in their room.

Are there enough patslides etc. Make sure these are cleaned between use.

If you are moving residents to cohort positive cases together, please make sure the names/ room numbers are changed and families advised of this change.

ID tags on every resident may be required to ensure accurate identification by staff not familiar with residents.

Check your medication charts and ensure all photos are a true representation of the resident.

Do you have sufficient linen? Towels, face washers etc.

Do you have a medication imprest system? If yes, make sure it is well stocked. If not can your current safe accommodate potentially larger volumes of schedule 8 (end of life) medications. Talk to your pharmacy to ensure there will be no problems with after hours medicine delivery if needed.

Your staff will be scared or anxious. Emotional support, education and hands on PPE practice sessions may help alleviate some concerns.

In the event of an outbreak, some staff may not attend work for their own personal reason. We need to respect people's choices and not point fingers of blame at this crucial time.

I want you to think about what information would a new team need to do your job. Have a handover kit ready to go in case it may be needed.

Please reinforce to staff the importance of social distancing during work hours, correct use of PPE, appropriate care during meal or cigarette breaks and that they MUST contribute to the cleaning of communal areas and workstations.

Make sure there is sufficient cleaning supply to facilitate this.

If anyone has any further ideas, suggestions or questions please contact me on

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